

The Influence Of Family Planning Counseling During The Postpartum Visit Towards The Stability Became Family Planning Acceptors



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ABSTRACT

One of the factors that have an impact on increasing the Maternal Death Rate falls to the risk of category 4 that is TOO. The improvement of postpartum family planning services greatly supports the goals of health development. A promotion and counseling about postpartum family planning are necessary to be carried out for mothers and their children, especially couples who are in a childbearing age in order to increase the achievement of postpartum family planning. Objective: to determine the effect of family planning counseling during the third postpartum visit toward the stability as acceptors of postpartum family planning. Methods: it is a type of analytic survey research with a cross sectional approach that was conducted at Sikumana Health Center in 2018. The numbers of samples were 54 people. The variables were measured using the analytical method, with a cross sectional design, the data were analyzed using chi-square with the Fisher Exact test. Result: Fishers exact correlation test with $\alpha=0.05$ and $df=1$, obtained $p=0.047$ or $p<\alpha$. It shows that there was a significant influence between family planning counseling on the 3rd visit during the postpartum period on the stability of being a family planning acceptor after childbirth delivery. Conclusion: there is an effect of family planning counseling on the stabilization of postpartum family planning acceptors.

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INTRODUCTION

One of the factors that give an impact on increasing the Maternal Mortality death Rate is on the risk of 4 Too (Too young to give birth under 21 years of age, Too old to give birth to over 35 years, Too close to the birth spacing less than 2 years and having Too many children more than 2).(1) The percentage of mothers who died when gave a birth under 20 years of age and over 35 years is 33% of all maternal deaths, so that if the family planning program can be implemented again properly, it is possible that 33% of maternal deaths can be prevented through the use of contraception.(2)

Family planning services are an effort to support the policies of the National Family Planning Program (KB). The improvement of postpartum family planning services strongly supports the goals of health development and this is also supported by the large number of new family planning participants (pregnant and childbirth women) who have had

contacted with the health workers. One of the health ministry's breakthrough programs in an effort to accelerate the reduction in maternal mortality is the increasing of postpartum family planning.(3) Postpartum Family Planning is an effort to prevent pregnancy by using contraceptives and medicines soon after childbirth delivery up to 42 days / 6 weeks after the delivery.(4) During the post-partum period, most women wish to delay or prevent future pregnancies. Despite this, the unmet need for family planning up to a year after delivery is higher than at any other time. Taking into consideration the demonstrated need for family planning postpartum and the potential for improving both maternal and child outcomes through effective birth spacing, there is a clear need to integrate postpartum contraception into maternal child health programs, however, implementation of integrated programs remains limited.(5)

Postpartum health services are health services according to standards for mothers from 6 hours to 42 days after delivery by health workers. For early detection of complications in postpartum mothers, it is necessary to monitor the examination of the postpartum mother by conducting at least 3 postpartum visits.(6) Counseling on family planning, apart from starting at the time of the antenatal care visit (pregnancy care) to a health service facility by a health worker (doctor / midwife) is also carried out during the third postpartum visit.(7) Improving the quality of contraceptive counseling is one strategy to prevent unintended pregnancy. Providing counseling about side effects and using strategies to promote contraceptive continuation and adherence can also help optimize women's use of contraception.(8)

The scope of postpartum family planning services in Indonesia in 2018 was 59.6% and varied by province, with a range of 26.0% (Papua), 38.2% (NTT) and 73.2% (Bangka Belitung).(9) The percentage of postpartum visits in Kupang City increased gradually every year until 2014 which reached 84.2%, it was increased from the previous year of 82% and in 2016 it increased into 94.6%. At Sikumana Health Center the number of PUS is 6,447, but there were only 338 new family planning participants (5.24%), and only 1,967 were active family planning participants (30.51%).(10) This number has not yet reached the Population and Family Planning Development target, as stated in the 2015-2019 RPJMN, such as increasing the use of contraceptive tools / drugs (contraceptive prevalence rate / CPR) from 61.9% to 66.0%.(2) Therefore, PUS are expected to be able to choose contraception rationally either with the aim of delaying pregnancy (at the age of less than 21 years), spacing pregnancies (aged 21-35 years), or not getting pregnant again (aged more than 35 years.). Based on the above considerations, it is necessary to carry out postpartum family planning promotion and counseling for couples of childbearing age in order to increase the achievement of postpartum family planning.

In an effort to improve maternal health, then the unmet need group and postpartum mothers are the most important target in the family planning program. Unwanted pregnancies in postpartum mothers are exposed to the risk of complications in subsequent pregnancy, childbirth and the puerperium, and if the pregnancy ends with an abortion (especially if it is done unsafely) it can contribute to maternal mortality death rate. Therefore, postpartum family planning is a strategic way to reduce maternal death of mother and infant as well as decrease the total fertility rate.(11)

The postpartum period is the right time to start using contraceptives in regulating pregnancy spacing or limiting the number of children for the health of both the mother and baby. This will be achieved by having appropriate family planning counseling that will help postpartum mothers in choosing and using contraception.(12) A mother who just gave birth to a baby is usually easier to use contraception, so the time after delivery is the most appropriate time to invite a mother to use contraception. It is recommended that every postpartum mother has to be advised to use family planning before returning home.(13) Conducting counseling should be carried out as an exchange of information and positive

interactions between clients and health workers to help the clients identifying their needs, choosing the best solutions and making decisions that are most appropriate to the conditions at hand.(14) On the 29th to 42nd day postpartum, it is the start of sexual intercourse, so during the 3rd postpartum visit, the midwife asks about the Family Planning Program (KB) method used so that it can reduce the missed opportunity for family planning services.(15) Ideally stabilization should take place at the 3rd postpartum visit, so that the availability of contraceptives will ensure that women are protected against pregnancy before they resume sexual activity or return to fertility.(16)

This study aims to determine the effect of family planning counseling during the 3rd postpartum visit on strengthening postpartum family planning acceptors.

METHOD

The method used in this research is a type of analytic survey research with a cross sectional approach. The research was conducted in the working area of Sikumana Community Health Center Kupang City, NTT Province, from June to October 2018. The populations in this study were all postpartum mothers in the working area of the Sikumana Community Health Center Kupang City, with the total of 118 people. The sampling technique used is purposive sampling method. The samples in this study were postpartum mothers who met the inclusion criteria, namely delivery assistance at health care providers, postpartum mothers > 29 days-42 days, with the total of 54. The independent variable was family planning counseling and the dependent variable was postpartum family planning acceptors.

RESULTS

Univariate Analysis

Tabel 1

Age	Frequency	%
< 20 years old	2	3,7
20-35 years old	48	88,9
>35 years old	4	7,4
Total	54	100
Family Planning Counseling (KB)	Frequency	%
Yes	48	88,9
No	6	11,1
Total	54	100
KB Acceptors	Frequency	%
Yes	20	37,1
No	34	62,9
Total	54	100

Source: Secondary data

Table 1 shows that 88.9% of respondents are 20-35 years old, namely as many as 48 people, 4 people or 7.4% are in the age group > 35 years old and 2 people or 3.7% are in the age group of <20 Years old. So from the data it is clear that most respondents are fall into the category of healthy reproductive age. Respondents who received family planning counseling were 88.9% (48 people) and 11.1% respondents (6 people) who did not receive family planning counseling, so it can be concluded that the majority of respondents received family planning counseling are come from the working area of

the Sikumana Community Health Center. Postpartum family planning acceptors 37.1% (20 people) have been a postpartum family planning acceptors, and 62.9% respondents (34 people) are not family planning acceptors, So it can be concluded that a small proportion of respondents have become a postpartum family planning acceptors at the Sikumana Community Health Center.

BIVARIATE ANALYSIS

Tabel 2

The analysis of the effect of family planning counseling on the establishment of postpartum family planning acceptors

KB Counseling	Postpartum family Planning acceptors				Total	%	OR
	Yes		No				
Yes	20	100	28	82,4	48	88,9	1,714
No	0	0	6	17,6	6	11,1	
Total	20	100	34	100	54	100	

Source: Secondary data

Table 2 shows that 88.9% of respondents (48 people) did Family Planning (KB) counseling, 100% of respondents (20 people) became KB acceptors, and 82.4% (28 people) did not become family planning acceptors after childbirth, while from 11, 1% of respondents (6 people) did not get family planning counseling 0%, 17.6% of respondents (6 people) did not become family planning acceptors.

Based on the table above, it shows that there is an effect of family planning counseling on the consolidation of being a family planning acceptor, there is an expected value of less than 5 in one of the cells, then it is followed by the fishers exact test correlation test with $\alpha = 0.05$ and $df = 1$. So that the value of $p = 0.047$ or $p < \alpha$ is obtained. This means that there is a significant relationship between family planning counseling and establishment of postpartum family planning acceptors

DISCUSSION

In table 1 the results of data processing shows that 88.9% or 48 respondents are in the 20-35 year age group. In this age group, it can be said that the group is a healthy reproductive age group. Women have been able to give birth immediately after having their first menstruation, a woman's fertility will continue until menopause (menopause), the best pregnancy and birth delivery is on 20-35 years old.(17) An age is related to the success of postpartum family planning counseling, according to research done by Dehlendorf (2014), Use of these approaches varied by patient's age: Women 25 or younger experienced the foreclosed approach more often than older women, and patients older than 35 were far more likely than their younger counterparts to experience the shared decision-making approach.(18)

Table 1 shows that respondents who received family planning counseling were 88.9% (48 people) and 11.1% of respondents (6 people) who did not receive family planning counseling, this will have an effect on postpartum mothers who are getting family planning counseling which will affect them in stabilization to become a family planning acceptor after the childbirth process. The results showed that there was a significant effect between the delivering of family planning counseling during the 3rd postpartum visit to the strengthening of postpartum family planning acceptors. By conducting family planning counseling (KB), it means that the health workers are able to assists the client in choosing

and deciding on the type of contraception according to the patients' choice.(19) Good counseling will also help clients use contraceptives longer and also will increase the success of family planning (KB). Counseling will also affect the interaction between the health workers and their clients because it can improve a relationships and trust among them.(20) Loewenbeg said most women (91%) intended to use contraception. 21% considered the effect on breastfeeding mothers when they are choosing postpartum contraception. 55% of them planned to start using the contraceptive method before discharge from hospital (6 weeks postpartum). There are as many as 35% of them used contraceptive method between 6 weeks and 6 months. However, nearly half of them were reported never discussed about postpartum contraception.(21) The lack of this counseling may result on a mother would have poor information about the right time of fertility and it will also cause on the lack of motivation to start using postpartum contraception.(22)

In the third visit postpartum policy program (29-42 days) midwives play a role in providing early family planning counseling so that postpartum mothers will use the postpartum family planning. Motivation, education, family roles and knowledge are the factors that can influence postpartum visits.(19) Postpartum family planning acceptors are efforts to prevent pregnancy by using contraceptives and drugs immediately after the childbirth delivery up to 42 days / 6 weeks after delivery.

Table 2 shows that 88.9% (48 people) of family planning counseling respondents (20 people) became family planning acceptors, and 82.4% (28 people) did not become post-copy family planning acceptors, while from 11, 1% of respondents (6 people) did not receive family planning counseling, all of them (6 people) did not become family planning acceptors. This condition will affect them in the regulation in pregnancy arrangement, such as delaying, spacing and ending fertility. Women in the post partum period have a higher unmet need for contraception, whereas this is the right time to start using contraception. Many things have caused the achievement of postpartum family planning services which is not as expected, even though family planning counseling has been given during pregnancy and during the 3rd postpartum visit (> 29 days-42 days).(11) Communication, information and education (IEC) activities that were carried out to the community have not been able to change the value of the ideal of total number of children and the community's behavior in getting contraceptive services as needed.(23)

According to Youseff et al, to overcome the use of low contraceptive, it is necessary to integrate family planning into postpartum care, namely creating a private counseling room in the postpartum ward, the availability of contraceptives, involvement of husbands or mothers-in-law in providing direct counseling, and counselor skills. The proportion of post-partum mothers who received family planning counseling before being discharged at 5 hospitals, increased from 36% to 55%, and the proportion of women who received KB counseling, the number of their husbands increased from 18% to 90%. In addition to this, the proportion of post-partum mothers who agreed with their families to plan and to leave the hospital using their method of choice increased from 12% to 95%.(24)

Contraception is part of reproductive health services for pregnancy management, and it is the right of every individual as a sexual being. By being an acceptor of postpartum family planning in pregnancy planning, it reduces the reproductive health problems. This can be conveyed to postpartum mothers through family planning counseling.(25) By being an acceptor of family planning, couples can regulate their birth spacing, delay their pregnancy and end the fertility, so that this will improve their health, welfare and the life of mothers and children as expected.

CONCLUSION

Based on the results of the study, there is an effect of family planning counseling on the stability of being acceptors of postpartum family planning (KB) in the working area of the Sikumana Community Health Center, Kupang City: So it can be concluded as follows:

1. There were 37.1% acceptors of postpartum family planning (KB); this could affect them in regulating pregnancy, namely delaying, spacing and ending the fertility process.
2. There is a relationship, but not so strong, between the influence of family planning counseling on the stability of being a family planning acceptor after the childbirth in the work area of the Sikumana Community Health Center.

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